

ON-PREMISE APPLICATION

CITY OF FAYETTEVILLE ALCOHOLIC BEVERAGE FEE SCHEDULE

Application Fees

- 1) Licensee---\$300.00 (Consumption on Premise)
- 2) Limited Pour---No application fee
- 3) BYOB---No application fee

License Fees - Consumption on the Premises

- 1) Liquor---\$5,000.00
Plus three percent (3%) tax on liquor sales to be paid monthly
- 2) Beer, Wine & Liquor---\$7,000.00
Plus three percent (3%) tax on liquor sales to be paid monthly
- 3) Beer & Wine---\$2,000.00
- 4) Beer Only---\$1,000.00
- 5) Wine Only---\$1,000.00
- 6) Limited Pour License --- \$50.00 (no application fee)
- 7) Ancillary Wine Tasting License---\$500.00
- 8) BYOB License ---\$500 (no application fee)
- 9) Alcoholic Frozen Consumables License---\$500

PLEASE NOTE: STATE ALCOHOL LICENSE ALSO REQUIRED FOR SELLING/SERVING ALCOHOL, INCLUDING LIMITED POUR. THE STATE REQUIRES A COPY OF THE LOCAL (CITY) LICENSE BEFORE ISSUING A STATE ALCOHOL LICENSE.

BUILDING DEPARTMENT MUST VERIFY THAT DISTANCE REQUIREMENTS FOR SELLING/SERVING ALCOHOL ARE MET.

**EMPLOYEE PERMIT REQUIRED FOR EACH SERVER. APPLY AT
FAYETTEVILLE POLICE DEPARTMENT: 760 JIMMIE MAYFIELD BLVD
FAYETTEVILLE GA PHONE: 770-461-4441**

NOTE: DO NOT SEND EMPLOYEES THROUGH GAPS FOR BACKGROUND CHECK FOR A CLERK/SERVER PERMIT.

Revised: 08/01/2020

ALCOHOL LICENSE PROCESS

_____ **1. Application Form and Fee:** \$300.00 (new license, change of owner/non-refundable)

(Note: No application fee required for Limited Pour License, Ancillary Wine Tasting, BYOB)

_____ **2. Deed or Lease** – A copy of a deed or lease verifying the applicant to be a resident of the State of Georgia.

_____ **3. Notarized Affidavit and Criminal History Investigation Form:**

Applicants cannot have been convicted of, nor entered a plea of nolo contendere to, any felony or a misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the City of Fayetteville Ordinance regarding the rules and regulations of the sale of alcoholic beverages. The License Representative must be a resident of the State of Georgia and a manager of the business.

*Forms that must be notarized and turned in with the application are as follows:
(Notary available in City Hall)

- a) The application
- b) Personnel Statement
- c) U.S. Citizen/Qualified Alien Affidavit
- d) Private Employer Affidavit
- e) Affidavit of Residence
- f) Alcohol License Applicant's Affidavit

_____ **4. Fingerprints for Licensee and License Representative.** The Georgia Applicant Processing Services (GAPS) on-line system requires applicants to register at www.aps.gemalto.com and have their fingerprints recorded at one of the GAPS locations nearby. **The applicant MUST complete the alcohol application, read the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement in its entirety and submit it to City Hall before proceeding with the fingerprinting process. Upon receipt of the completed application and payment of the \$300 fee, the applicant will be provided with the City of Fayetteville ORI number which will be required to complete the on-line registration through GAPS.**

_____ **5. Notice of Application for License.** The applicant shall cause a notice of application to sell alcoholic beverages for consumption on the premises to be posted in a conspicuous manner at the main public entrance to the building or structure where it is proposed that customers be able to order and consume alcoholic beverages by the drink at the site of business designated on the application for a period of two weeks prior to the deadline for submitting public comments. Refer to Sec. 10-48(a) of the alcohol ordinance for details.

_____ **6. License Fee** – must be paid prior to the issuance of the license (refundable if unable to secure State of GA license). Annual license fees are as follows:

Retail Package (off Premise)

\$1,000 – Beer

\$1,000 – Wine

\$500 – Ancillary Growler Malt Beverage Tasting (must have an off Premise Beer License)

Consumption on Premise
\$1,000 – Beer
\$1,000 – Wine
\$5,000 – Liquor
\$50 – Limited Pour
\$500 – BYOB
\$500 – Alcoholic Frozen Consumables
\$500 – Ancillary Wine Tasting (must have an on Premise Wine License)

Manufacturer
\$1,000 – Manufacturer of Malt Beverages

_____ **7. Provide a Copy of State License** – to the Billing Coordinator within 90 days of receiving City License. The phone number to obtain a State License is (404) 417-4490. The Georgia Department of Revenue website for State licensing information is <https://dor.georgia.gov/retailers-state-only>.

_____ **8. Alcohol Handling Permits** – Permits are required for every employee that sells, serves alcohol. Permits may be obtained at the City of Fayetteville Police Department. A list of employees must be provided to the City of Fayetteville Police Department that includes permit number, home address, and telephone number within 30 days of opening. The list must be updated annually upon alcohol license renewal.

_____ **9. Mixed Drink Tax** - In addition to license fees, all retail alcoholic beverage dealers for consumption of distilled spirits by the drink on the premises are imposed an excise tax of three percent of the purchase price of the drink. Monthly excise tax reports can be obtained in the Tax & License office or on our city's website. Reports and tax payments are due by the 10th day of the month following the calendar month in which the alcoholic beverages are sold or dispensed.

Annual Renewals:

All alcohol licenses expire on December 31. Renewal forms will be mailed in October and must be returned with payment by December 1 without penalty per City ordinance. If renewal payments are made online, you must upload or mail in your renewal application. Your license will not be issued until we receive your renewal application.

August 1, 2020

CITY OF FAYETTEVILLE
REQUIRED VERIFICATION FOR ALCOHOL LICENSE

Business Name:_____

Business Address:_____

OFFICE USE ONLY

Is location in compliance with distance requirements of the City Ordinance for sales/serving of alcohol?

_____ Yes _____ No

Signature of Building Official:_____

Does this location comply with the applicable provisions of the city alcohol ordinance?

_____ Yes _____ No

Signature of Zoning Official:_____

CITY OF FAYETTEVILLE ALCOHOL LICENSE APPLICATION

ON PREMISE CONSUMPTION

IDENTIFICATION SECTION	
1	Enter state taxpayer identifier (STI) here:
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Name of Licensee (Individual):</div> <div style="width: 45%;">Social Security Number:</div> </div> <div style="margin-top: 10px;">Date of Birth:</div>
3	<p>Is Licensee a Corporation? Yes _____ No _____</p> <p>If "yes", name and address of Registered Agent:</p>
4	<p>Legal Business Name and address where alcohol will be sold/served:</p> <p>General Manager Name:</p>
5	License Year for which Application is made:
ALCOHOL INFORMATION SECTION	
6	<p>When will you begin selling alcoholic beverages for which this application is made? Date:</p>
7	<p>Type of License:</p> <p>1) Retail Package (Check all that apply) (Total application fee \$300.00)</p> <p> _____ Beer - Application Fee \$300.00 & License Fee \$1,000.00</p> <p> _____ Wine - Application Fee \$300.00 & License Fee \$1,000.00</p> <p> _____ Ancillary Growler Malt Beverage Tasting - \$500 License Fee (off-premise beer lic. reqd)</p> <p>2) Consumption on Premise (Pouring) (Check all that apply) (Total application fee \$300.00)</p> <p> _____ Beer - Application Fee \$300.00 & License Fee \$1,000.00</p> <p> _____ Wine - Application Fee \$300.00 & License Fee \$1,000.00</p> <p> _____ Liquor - Application Fee \$300.00 & License Fee \$5,000.00</p> <p> _____ Limited Pour Beer and/or Wine - No Application Fee & License Fee \$50.00</p> <p> _____ Ancillary Wine Tasting \$500 License Fee (on-premise wine license required)</p> <p> _____ Manufacturer of Malt Beverages - Application Fee \$300 & License Fee \$1000.00</p> <p> _____ Alcoholic Frozen Consumables – Application Fee \$300 & License Fee \$500.00</p> <p> _____ BYOB (Brown Bagging) License – No Application Fee & License Fee \$500.00</p>
8	<p>Type of Business: (check one) _____ Restaurant _____ Retail Store _____ Wholesale Store _____</p> <p>_____ Catering _____ Event Center _____ Formal or wedding apparel _____ Fashionable clothing boutique</p> <p>_____ Beauty products & hairstyling</p> <p>_____ Fine jewelry made of gold, platinum, including diamonds and other precious stones</p> <p>_____ Original and limited edition art, artifacts, and instructional classes _____ Photography studio</p> <p>_____ Massage or massage therapy by Georgia licensed masseuse or massage therapist</p> <p>_____ Hospitality services within an independent-living, senior housing development</p> <p>_____ Billiards _____ Bowling _____ Gaming Center _____ Movie Theater</p>
9	<p>Do you comply with the distance requirements of City Ordinance Sect. 10-34, no. (b)(6) ?</p> <p style="text-align: center;">_____ Yes _____ No</p>

CRIMINAL HISTORY CONSENT FORM	
10	FINGERPRINTS: The Georgia Applicant Processing Services (GAPS) on-line system requires applicants to register at www.aps.gemalto.com and have their fingerprints recorded at one of the GAPS locations.
11	I, _____, hereby certify that I have received and read the Non-Criminal Justice Applicant's Privacy Rights.
SIGNATURE SECTION	
12	<p>I declare under penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete.</p> <p>/s/ _____</p> <p>Signature Title Date</p> <p>(Must be signed by licensee. If the licensee is a corporation, must be signed by an officer of the corporation. Stamped signature not acceptable)</p> <p>I hereby certify that _____ is personally known to me, that said applicant signed the foregoing application after stating to me personal knowledge and understanding of all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.</p> <p>This _____ day of _____, _____</p> <p>Notary Public</p> <p>AFFIX SEAL</p>

(Please Type or Print)

1	Last Name _____ First _____ MI _____ Social Security No. _____
2	Date of Birth ____ / ____ / ____ Race _____ Male _____ Female _____
3	Home Address (Do not use P.O. Box) _____ City _____ State _____ Zip _____ Home Phone _____
4	Address for Day Contact (Do not use P.O. Box) _____ City _____ State _____ Zip _____ Daytime Phone _____
5	Marital Status Single _____ Married _____ Divorced _____ If Married, spouse's name: First _____ MI _____ Social Security No. _____
6	Are you a resident of Georgia? Yes _____ No _____ If "yes", how long? Years _____ Months _____
7	Have you ever been arrested, indicted, or convicted for any offense by any state, county, city, federal or foreign governmental authority? Yes _____ No _____ If "yes", give full details. Do NOT include minor traffic violations. Give reasons charged or held, date, place where charged and disposition. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE. _____ _____ _____
8	Have you ever had any beneficial interest in any other alcoholic beverage business in this or any other state in which the alcohol license was denied or revoked or any other disciplinary action was taken? ("Beneficial interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or has financial interest, or derives economic benefit from, or has control over a business.) Yes _____ No _____ If "yes", complete the following: Alcohol License No. _____ % And Type Interest _____ Legal Business Name: _____ Trade Name/DBA Name: _____ Number and Street _____ City _____ County _____ State _____ Zip _____ Describe what action was taken: _____ _____ _____ _____ _____ _____ _____

Signature Section

9

Before signing this statement, check all answers and explanations to see that you have answered all questions fully, completely and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets herewith. Stamped signature is not acceptable.

I, _____, do solemnly swear, subject to the penalties of false swearing, that the statement and answers made by me in the foregoing personnel statement are true and correct. Also, I affirm that I have read the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement in its entirety.

/s/ _____
Signature

I hereby certify that _____ signed his/her name to the foregoing statement after stating to me under oath administered by me, that all statements and answers are true and correct.

This _____ day of _____, _____
Notary Public

Affix Seal

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

(Name of natural person applying on behalf of individual,
business, corporation, partnership, or other private entity)

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

/s/ _____

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

* _____
Alien Registration Number for Non-Citizens

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, or other document required to operate a business] as referenced
in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, the undersigned applicant representing the
private employer known as

_____ [printed name of business]

verifies one of the following with respect to my application for the above mentioned document:

(CHECK ONE)

_____ On January 1st of the below signed year the individual, firm, or corporation employed
MORE THAN TEN (10) EMPLOYEES.

_____ On January 1st of the below signed year the individual, firm, or corporation employed **TEN
(10) OR LESS EMPLOYEES.**

***IF THE EMPLOYER SELECTED MORE THAN TEN (10) EMPLOYEES,
PLEASE FILL OUT FEDERAL WORK AUTHORIZATION USER ID NUMBER
BELOW. THIS IS NOT THE SAME AS THE TAX ID NUMBER.***

**The employer has registered with and utilizes the federal work authorization program in accordance
with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned
private employer also attests that its federal work authorization user identification number and date of
authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation
of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 20__ in _____ (City) _____ (State)

/s/ _____
Signature of Authorized Officer or Agent (Representative of Business)

Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

AFFIDAVIT OF RESIDENCE

I, _____, hereby swear that I am a resident of the

State of Georgia residing at _____

/s/ _____
Signature

Print Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ day of _____, 20____

Notary Public

My Commission Expires: _____

SEAL

NOTICE OF PUBLIC HEARING

ON-PREMISE CONSUMPTION OF ALCOHOL

Application has been made by the undersigned requesting the issuance of a license to sell Malt Beverages, Wine and/or Distilled Spirits for On Premise Consumption at the following location:

Business Name: _____

Business Address: _____

Applicant's Name: _____
(Please Print)

The application will be considered by the City Manager of the City of Fayetteville, Georgia. Public comments must be delivered to City Hall addressed to "City Manager" no later than 5 o'clock p.m. local time on the _____ day of _____ 20____.

Applicant's Signature: /s/_____

To Be Advertised: _____

Fax to: Fayette County News

Attention: Ryan Moon

770-460-8172

**ALCOHOL LICENSE
APPLICANT'S AFFIDAVIT**

I, _____, understand that I will be held responsible for any violation of the City of Fayetteville Alcohol Ordinance if I am approved as the licensee for the following location or locations:

BY SIGNING BELOW I ACKNOWLEDGE THE FOLLOWING:

I have received a copy of the City of Fayetteville Alcohol Ordinance. It is my responsibility to read and understand the requirements of the ordinance.

I understand each server is required to apply for an employee permit from the Fayetteville Police Department.

If the business serves mixed drinks, I understand Mixed Drink Tax reports must be filed with the city by the 10th day of each month for the preceding month. The 3% excise tax must be submitted with the report.

NOTE: DO NOT SEND EMPLOYEES THROUGH GAPS FOR BACKGROUND CHECK FOR CLERK/SERVER PERMITS. EMPLOYEE BACKGROUND CHECKS ARE DONE THROUGH FAYETTEVILLE POLICE DEPARTMENT.

/s/ _____ Date: _____
Signature of Applicant

State of Georgia

County of _____

Signed before me this _____ day of _____, _____, by _____

_____ Personally Known

_____ Produced Identification

Type and # of ID _____

Signature and Seal of Notary

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website:

<http://gbi.georgia.gov/obtaining-criminal-history-record-information>

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92- 544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non- governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REMIT TO:

**City of Fayetteville
240 Glynn St S
Fayetteville GA 30214
Mixed Drink Tax Report**

Business Name:		Phone Number:
Due the 10th day of the following month	_____ MONTH	
Gross Receipts from Spirituous Liquor (Mixed Drinks Only)	\$	
3% Local Excise Tax Collected	\$	
Subtract 3% Collection Fee if submitted on time Add 15% Penalty and 1% Interest per month after the 10th day of the month	\$	
Total Tax Remitted	\$	
NOTE: THE FOLLOWING THREE LINES ARE FOR INFORMATION PURPOSES ONLY		
Gross Sales From On-Site Prepared Foods	\$	
TOTAL GROSS RECEIPTS FROM ALL ALCOHOL COMBINED (BEER/WINE/MIXED DRINKS)	\$	
Total Gross Sales From All Receipts	\$	
 I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold in the City of Fayetteville during the month shown on this report. /s/ _____ Signature of Person Preparing Report Printed Name of Person Preparing Report: _____ Telephone Number of Same: _____		
To be submitted monthly, make additional copies as needed		

**CITY OF FAYETTEVILLE ORDINANCE, SEC. 10-114. PENALTIES AND INTEREST FOR
FAILURE TO PAY TAX.**

Any person who fails to pay the tax herein imposed to the city, or fails to pay any amount of such tax required to be collected and paid to the city, within the time required, shall pay a penalty of 15 percent of the tax, or amount of tax, in addition to the tax or amount of the tax, plus interest on unpaid tax or any portion thereof as set forth in section 10-113(c). Further, failure to timely pay the taxes imposed by this section for three (3) consequential months or four in a 12-month period shall render the licensee liable therefore subject to suspension of the alcoholic beverages license for 15 consecutive days; failure to timely pay the taxes imposed by this chapter, five or more times within a 12-month period shall render the licensee liable and therefore subject to revocation of the alcoholic beverages license.